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Bib Data Sheet

SERIAL NUMBER 09/020,869	FILING DATE 02/09/1998 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO.
<b>APPLICANTS</b> WILFRIDO R. CASTANEDA, NEW ORLEANS, LA;				
<b>**CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/04/1998</b>		<b>** SMALL ENTITY **</b>		
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY LA	SHEETS DRAWING 12	TOTAL CLAIMS 24
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 5
<b>ADDRESS</b>				
TYLER L. NASIEDLAK 4507 ARDEN AVENUE EDINA, MN 55424				
<b>TITLE</b> ENDOVASCULAR GRAFT AND PROCESS FOR BRIDGING A DEFECT IN A MAIN VESSEL NEAR ONE OF MORE BRANCH VESSELS				
<b>FILING FEE RECEIVED</b> 732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



A standard linear barcode is located at the bottom of the page, consisting of vertical black lines of varying widths on a white background.

## Bib Data Sheet

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6/8/98

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## APPlicants

WILFRIDO R. CASTANEDA, NEW ORLEANS, LA.

**\*\* CONTINUING DATA \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 05/04/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	LA	DRAWING 12	24	5
Verified and Acknowledged	 Examiner's Signature Initials				

## ADDRESS

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MINNEAPLOIS ,MN 55403

**TITLE**

## ENDOVASCULAR GRAFT AND PROCESS FOR BRIDGING A DEFECT IN A MAIN VESSEL NEAR ONE OF MORE BRANCH VESSELS

<b>FILING FEE RECEIVED</b> <b>652</b>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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